

DEADLINE:

Please return application &
supplemental questionnaire in
person or by U.S. Mail with a
postmark on or before:

4:30 PM
FRIDAY
May 7, 2004

City-County Employment Office

Your Telephone # _____ Email _____ Date _____

ADMINISTRATIVE SERVICES OFFICER

Corrections/Administration

Req. #04-054

SUPPLEMENTAL QUESTIONNAIRE

Name: _____ Social Security # _____

*Please allow 2 weeks from the closing date of this position before expecting
to receive notice (one way or another) with regards to an interview.*

PLEASE READ BEFORE COMPLETING:

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. **NOTE:** Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information **you, the applicant**, provide on these documents only. We do not refer to resumes.

This questionnaire is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

CRIMINAL HISTORY CHECKS WILL BE MADE ON TOP CANDIDATES.

1. a. Please indicate below ("X") any college level course work or degree(s) in the following:

	<u>Course Work</u>	<u>Associate Degree</u>	<u>Bachelor's Degree</u>
Public Administration	_____	_____	_____
Business Administration	_____	_____	_____
Accounting	_____	_____	_____
Finance	_____	_____	_____
Related Field _____ (Specify)	_____	_____	_____

(CONTINUED ON REVERSE)

b. Please list related courses:

2. Do you have experience in public budget management, administrative and program analysis work? YES ____ NO ____ If yes, list your employer(s) and describe your experience.

Employer(s): _____

Experience: _____

3. a. Do you have any general accounting experience? YES ____ NO ____ If yes, list your employer(s) and describe your experience.

Employer: _____

Experience: _____

- b. Do you have experience maintaining accounting records? YES ____ NO ____ If yes, list your employer(s), how long you performed these duties, and describe your experience.

Employer: _____ How long? ____yrs__mos

Employer: _____ How long? ____yrs__mos

Experience: _____

(CONTINUED ON NEXT PAGE)

4. Do you have experience maintaining records? Yes ____ No ____ If yes, list your employer(s) and types of records kept:

Employer(s): _____

Types of records:

_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Indicate the areas in which you have working experience. (Check which applies to you and list the job#(s) from your application. The job # must be included to receive credit for your experience.)

	<u>No Experience</u>	<u>Some Experience</u>	<u>Job #(s)</u>
Assigning/organizing work	_____	_____	_____
Conducting training/orientation	_____	_____	_____
Supervising subordinate staff	_____	_____	_____
Completing performance evaluations	_____	_____	_____
Developing department policies and procedures	_____	_____	_____
Preparing written correspondence	_____	_____	_____
Compiling/analyzing/preparing statistical reports	_____	_____	_____
Recommending and reporting department cost controls	_____	_____	_____
Assisting in the preparation and monitoring of budget	_____	_____	_____

(CONTINUED ON REVERSE)

6. Do you have experience in the operation of a computer system, manipulating large volumes of financial and statistical data? YES ____ NO ____ If yes, list your employer(s), how long you performed these duties, and describe your experience.

Employer: _____ How long? ____yrs__mos

Employer: _____ How long? ____yrs__mos

Experience: _____

7. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln the Police Department requires the following information.

I understand that criminal history checks will be conducted on the candidates and I agree to provide the following information: _____

(Please initial)

Last Name

First Name

Middle Name

Birth date

Sex

Maiden Name (if applicable)

IMPORTANT – PLEASE NOTE POLICY BELOW:

I understand that **ALL** convictions for any law violation (such as: DUI, shoplifting, minor in possession, reckless driving, and so on) other than a minor traffic violation (i.e., parking ticket, speeding ticket) must be listed on the front of the application form or on an attached sheet. Consideration is given to the offense and its relationship to the position for which you are applying. **Failure to list convictions will be considered to be falsification of your application and result in automatic rejection. [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]**

8. Have you listed on the application form ALL jobs described on this questionnaire?
YES ____ NO ____

NOTE: FAILURE TO LIST ALL JOBS AND/OR EXPERIENCE ON YOUR APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. PLEASE CHECK YOUR APPLICATION AGAIN.